

MDR Tracking Number: M5-04-1787-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 2-19-04.

In accordance with Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 2/19/04, therefore the following dates of service are not timely: 2/11/03 through 2/17/03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits and therapeutic exercises from 2/19/03 through 6/19/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, the request for reimbursement for dates of service 2/19/03 through 6/19/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of July 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Revised Notice 06/25/04
Note: Attachment Added

May 21, 2004

Amended letter
07/13/04

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IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ____ when he was unloading some boxes from a truck and began to experience lower back pain. An MRI performed on 11/11/02 revealed a disc bulge at L5-S1. A discogram was performed on 07/08/03 that revealed a normal discogram at L5-S1. The patient received chiropractic care in the form of (99213) office visits and (97110) in the form of therapeutic exercises.

Requested Service(s)

(99213) Office visits and (97110) therapeutic exercises billed from 02/19/03 through 06/19/03

Decision

It is determined that the (99213) office visits and (97110) therapeutic exercises billed from 02/19/03 through 06/19/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation substantiates that the patient sustained injuries to the lower back and that he had significant discal lesions that likely complicated this case. However, the documentation does not establish that continuing conservative intervention was medically necessary from 02/19/03 and beyond. The patient presented to the attending physician's office on 11/07/02 for conservative treatment and was initiated on a course of active rehabilitation on or before 02/11/03. In the provided documentation, 02/11/03 is the beginning date of the rehabilitation notes that were submitted for review; however, it appears that active rehabilitation was initiated before this date. A trial of chiropractic care would be indicated to treat this claimant. However, there is absence of objective demonstration of therapeutic relief to indicate the efficacy of the care given from 11/07/02 through 02/10/03, which is an adequate trial of treatment. There is no indication that the claimant objectively improved over the course of care from 11/07/02 and forward. There are no comparative objective tests or any other comparative objective data to indicate the ongoing objective progress was being achieved in response to the course of chiropractic and/or active care. A functional capacity evaluation dated 04/01/03 is included for review; however there is no other significant objective report to ascertain if the course of care offered this patient was providing therapeutic relief. Additionally, subjective pain levels remained the same with no clear indications of relief. Given the apparent lack of objective and subjective response, no further similar intervention would be certified as medically necessary. Therefore, the (99213) office visits and (97110) therapeutic exercises billed from 02/19/03 through 06/19/03 were not medically necessary to treat this patient's condition.

Sincerely,